




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2024**  
Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 MAY 1 PM 3:06:46

1. Entity ID Number <b>1744824</b>		2. Exact name of the Corporation <b>The Learning Garden Children's Center, Inc.</b>			
3. Principal Office Address <b>2890 POST ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>To care for and assist in the maintenance and supervision of children whose parents or guardians work</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LORI A. WAGNER</b>		Vice-President Name <b>LORI A. WAGNER</b>			
Street Address <b>2890 POST ROAD</b>		Street Address <b>2890 POST ROAD</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>LORI A. WAGNER</b>		Treasurer Name <b>LORI A. WAGNER</b>			
Street Address <b>2890 POST ROAD</b>		Street Address <b>2890 POST ROAD</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>COMMON</b>	<b>\$0.00</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>LORI A. WAGNER</b>			Date <b>4/27/24</b>		
Signature of Authorized Representative 			MAY - 1 2024 <b>1148</b>		

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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